

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF WISCONSIN

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Charles Lau DDS MSD, LLC

2. All other names debtor used in the last 8 years

DBA Wisconsin Dental Wellness

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 83-0991778

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

821 South Main Street  
De Forest, WI 53532-1480

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Dane

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) wisconsindentalwellness.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Charles Lau DDS MSD, LLC**  
Name

Case number (if known)

**7. Describe debtor's business** A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**6212****8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☒ No
- ☐ Yes.

Debtor **Charles Lau DDS MSD, LLC**  
Name

Case number (if known)

List all cases. If more than 1,  
attach a separate list

Debtor

District

When

Relationship

Case number, if known

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

**Where is the property?**

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**15. Estimated Assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000                  | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input checked="" type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000           | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million         | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                     | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000               | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000              | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor **Charles Lau DDS MSD, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **05/25/2023**  
MM / DD / YYYY

**X /s/Charles Lau, DDS MSD/Owner**

Signature of authorized representative of debtor

**Charles Lau, DDS MSD/Owner**

Printed name

Title **Owner**

**18. Signature of attorney X /s/John P. Driscoll**

Signature of attorney for debtor

Date **05/25/2023**

MM / DD / YYYY

**John P. Driscoll**

Printed name

**Krekeler Law, S.C.**

Firm name

**26 Schroeder Court, Suite 300  
Madison, WI 53711**

Number, Street, City, State & ZIP Code

Contact phone **(608) 258-8555**

Email address **jdriscoll@ks-lawfirm.com**

**1091318 WI**

Bar number and State

Debtor **Charles Lau DDS MSD, LLC** Case number (if known) \_\_\_\_\_  
Name

Charles Lau DDS MSD, LLC has prepared neither a balance sheet, a statement of operations, or a cash flow statement.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF THE DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Dated: May 25, 2023

Signature: /s/Charles Lau, DDS MSD/Owner  
Dr. Charles Lau, DDS MSD/Owner

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**Fill in this information to identify the case:**

Debtor name Charles Lau DDS MSD, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF WISCONSIN

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 25, 2023

**X /s/ Charles Lau. DDS MSD**

Signature of individual signing on behalf of debtor

**Charles Lau. DDS MSD**

Printed name

**Owner**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Charles Lau DDS MSD, LLC**  
 United States Bankruptcy Court for the: **WESTERN DISTRICT OF WISCONSIN**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Wells Fargo Bank , NA 2000 Powell Street, Fourth Floor Emeryville, CA 94608		Lien on: Accounts Receivable value = \$34,613.00; Dental equipment FMV = \$13,385.00; Community Bank checking account = \$20730.88; Communit Bank Money M		\$428,041.73	\$69,039.09	\$359,002.64
Chase Credit Card Services P.O. Box 6294 Carol Stream, IL 60197-6294		Business credit card purchases				\$59,523.51
Chase Credit Card Services P.O. Box 6294 Carol Stream, IL 60197-6294		Business credit card purchases				\$20,188.81
Chase Credit Card Services P.O. Box 6294 Carol Stream, IL 60197-6294		Business credit card purchases				\$8,489.98
Great America Finanical Services P.O. Box 660831 Dallas, TX 75266-0831		Trios 3-pod scanner system		\$18,150.00	\$11,500.00	\$6,650.00
Claimsnest LLC 10402 E 1000 North Markleville, IN 46056		Service Agreement				\$2,200.00

Debtor **Charles Lau DDS MSD, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Relevance Online Marketing LLC ATTN: Ritesh Kedia 109 E 17th Street, Suite# 480 Cheyenne, WY 82001						\$1,000.00
Capitol One - VISA P.O. Box 70886 Charlotte, NC 28272		Business credit card charges				\$82.67



**United States Bankruptcy Court  
Western District of Wisconsin**

In re **Charles Lau DDS MSD, LLC**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Charles Lau 8959 Black Opal Avenue Middleton, WI 53562</b>			<b>100%</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Owner** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 25, 2023**

Signature **/s/ Charles Lau. DDS MSD  
Charles Lau. DDS MSD**

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Western District of Wisconsin**

In re **Charles Lau DDS MSD, LLC**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Owner of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 25, 2023**

**/s/ Charles Lau. DDS MSD**

**Charles Lau. DDS MSD/Owner**

Signer/Title

Office of the United States Trustee  
780 Regent Street  
Suite 304  
Madison, WI 53715

United States Treasury  
Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Wisconsin Department of Revenue  
ATTN: Bankruptcy Unit, MS 5-144  
PO Box 8901  
Madison, WI 53708

Wisconsin Dept. of Workforce Development  
Division of Unemployment Insurance  
P.O. Box 8914  
Madison, WI 53708

Wisconsin Dept. of Workforce Development  
Division of Unemployment Insurance  
P.O. Box 8914  
Madison, WI 53708

Airgas USA LLC  
4101 Robertson Road  
Madison, WI 53714-3118

Capitol One - VISA  
P.O. Box 70886  
Charlotte, NC 28272

Charles Lau  
8959 Black Opal Avenue  
Middleton, WI 53562

Chase Credit Card Services  
P.O. Box 6294  
Carol Stream, IL 60197-6294

Claimsnest LLC  
10402 E 1000 North  
Markleville, IN 46056

Great America Financial Services  
P.O. Box 660831  
Dallas, TX 75266-0831

Charles Lau  
8959 Black Opal Avenue  
Middleton, WI 53562

Relevance Online Marketing LLC  
ATTN: Ritesh Kedia  
109 E 17th Street, Suite# 480  
Cheyenne, WY 82001

TDENT, LLC  
ANTHONY P VALLON C.P.A.  
819 South Main Street  
P.O. Box 513  
De Forest, WI 53532-1480

Wells Fargo Bank , NA  
2000 Powell Street, Fourth Floor  
Emeryville, CA 94608

**United States Bankruptcy Court  
Western District of Wisconsin**

In re **Charles Lau DDS MSD, LLC**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Charles Lau DDS MSD, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Charles Lau**  
**8959 Black Opal Avenue**  
**Middleton, WI 53562**

☐ None [*Check if applicable*]

**May 25, 2023**

Date

**/s/ John P. Driscoll**

**John P. Driscoll**

Signature of Attorney or Litigant  
Counsel for **Charles Lau DDS MSD, LLC**  
**Krekeler Law, S.C.**

**26 Schroeder Court, Suite 300**  
**Madison, WI 53711**  
**(608) 258-8555 Fax:(608) 258-8299**  
**jdriscoll@ks-lawfirm.com**

**United States Bankruptcy Court  
Western District of Wisconsin**

In re **Charles Lau DDS MSD, LLC**

Debtor(s)

Case No.

Chapter

**11**

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Charles Lau**, declare under penalty of perjury that I am the **Owner** of **Charles Lau DDS MSD, LLC**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 25th day of May, 2023.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Charles Lau, Owner** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter **11** voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Charles Lau, Owner** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Charles Lau, Owner** of this Corporation is authorized and directed to employ **John P. Driscoll**, attorney and the law firm of **Krekeler Law, S.C.** to represent the corporation in such bankruptcy case."

Date **May 25, 2023**

Signed **/s/ Charles Lau, DDS MSD**

**Charles Lau, DDS MSD/Owner**

Resolution of Board of Directors  
of  
**Charles Lau DDS MSD, LLC**

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Charles Lau, Owner** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Charles Lau, Owner** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Charles Lau, Owner** of this Corporation is authorized and directed to employ **John P. Driscoll**, attorney and the law firm of **Krekeler Law, S.C.** to represent the corporation in such bankruptcy case.

Date May 25, 2023

Signed /s/Charles Lau, DDS MSD  
Charles Lau DDS MSD/Owner

Date \_\_\_\_\_

Signed \_\_\_\_\_